L23000256201

(Requestor's Name)			
(iveduestors ivalie)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
AUG - 7 2023			
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RECEIVED



FLORIDA CAPITAL COURIER SERVIC	CES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309 (850) 524-5437	
(850) 524-5437	
Please use funds from <u>I20210000160:</u> \$55. Authorization Signature:	$\frac{00}{2}$ \mathcal{A}_{11}
Authorization Signature: L23000256207	The state of the s
BUSINESS DOC#	
X_Certified Copy of Articles of Orga	nization
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
	-
Profit Corp	X Amendment
Not for Profit	Resignation of R.A. or member
Officer/Director	Dissolution
Limited Liability	Change of Registered Agent Revocation of Dissolution
Domestication Other	Merger
CORP	Conversion
LLP	Amended and restated Articles
	Statement of Correction
OTHER ELLINGS	
OTHER FILINGS	EGISTERATION/QUALIFICATIONS
<u>Trademark</u>	
Annual Report	Foreign filing
NOTARY REGISTRATION	
	Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE	Other
Country	
	

EXAMINIER'S INITIALS:____

FLORIDA CAPITAL COURIER SERVIC	CES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524-5437 (850) 524-6243	
(830) 324-0243	
Please use funds from <u>I20210000160: \$55.0</u> Authorization Signature:	200 Aul
_X_Certified Copy of Articles of Organ	nization
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
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OTHER FILINGS	
	GISTERATION/QUALIFICATIONS
<u>Trademark</u>	
Annual Report	Foreign filing
NOTARY REGISTRATION	
	Limited Partnership
Fictitious Name	Reinstatement
. D.O.C. IV. I. I.	041
APOSTILLE	Other
Country	

EXAMINIER'S INITIALS:____

COVER LETTER

TO:

Registration Section

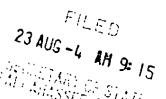
Tallahassee, FL 32314

Div	ision of Corp	oorations			
	SPEEDPRO	, LLC			
SUBJECT:		Name of Limite	ed Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please return	all correspo	ndence concerning this matter to	the following:		
		STUART R. MORRIS, ESC).		
			Name of Person	 	
		COZEN O' CONNOR			
			Firm/Company		
		1801 N MILITARY TRAIL	SUITE 200		
			Address		
		BOCA RATON, FL 33431			
			City/State and Zip Code		
		ecompliance@cozen.com	be used for future annual report not	ification)	
For further i	nformation co	oncerning this matter, please cal			
Sohaira Lop	oez.		561 750-3850 at ()		
	Name of	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is	a check for th	e following amount:			
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ailing Addres		<u>Street Address:</u> Registration Se	ection	
	~	orporations	Division of Co	Division of Corporations	
P.O. Box 6327		The Centre of	Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SPEEDPRO, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on <u>5/25/2023</u>	and assigned
Florida document number <u>L23000256207</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
PARIS INK, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter (</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
NOW REGISTER OF THE SAME.	Enter Florida street address	5
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as position filed to merely reflect a change in the registered office	performance of my duties, an provided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
		<u></u>	□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			Change
			□Add
			□ Remove
			□Change

Fective date, if other than the date of filing:		
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an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 of the interest of in this block does not meet the applicable statutory filing requirements, this date will not be listed becument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.		
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ated Hugust 4, 2023 Modern Signature of a member or authorized representative of a member	an effecti iote: If (ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
bignature of a member or authorized representative of a member		
bignature of a member or authorized representative of a member	ated	Hugust 4, 2023
MICHAELS GROSS ESO		Signature of a member or authorized representative of a member
MICIETE OF AUTOOP POLY		MICHAEL S. GROSS, ESQ.

COVER LETTER

Registration Section

TO:

Divi	ision of Corp	porations		
	SPEEDPRO), LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		STUART R. MORRIS, ES	Q.	
			Name of Person	***
	COZEN O' CONNOR			
			Firm/Company	
		1801 N MILITARY TRAI	L SUITE 200	
Address				
BOCA RATON, FL 33431				
			City/State and Zip Code	
	ecompliance@cozen.com E-mail address: (to be used for future annual report notification)			
		·	•	ontication)
For further in	iformation co	oncerning this matter, please ca	ıll:	
Sohaira Lop	ez		561 750-3850 at ()	
	Name of	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration S Division of C The Centre of	orporations	
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		